



## QUALIFICATIONS ASSESSMENT FOR CERTIFIED NURSING ASSISTANT

This examination will provide you with an opportunity to demonstrate significant aspects of your qualifications for **Certified Nursing Assistant**, with the California Department of Veterans Affairs (CalVet). The information you provide will be rated based on objective criteria created by Subject Matter Experts. The rating will be used to determine your final score in this examination. If successful, your name will be placed onto a separate eligible list for the classification listed above. The list will be used by California Department of Veterans Affairs (CalVet) to fill existing vacancies at the **Veterans Homes of California in Barstow, Chula Vista, Fresno, Lancaster, Redding, Ventura, West Los Angeles, and Yountville**. A "Conditions of Employment" form is included in this examination which will allow you to select the location(s) and time base(s) you are interested in working. It is **required** that you **personally complete** this examination accurately and without assistance.

**You will be evaluated based on your ability to follow directions, read, interpret, and respond appropriately to the questions in this Qualifications Assessment. Candidates who fail to follow the instructions may be disqualified or receive a lower score from this examination.**

### THIS AFFIRMATION MUST BE COMPLETED.

Government Code Section 18935:

"The board may refuse to examine or, after examination, may refuse to declare as an eligible or may withhold or withdraw from certification, prior to appointment, anyone who comes under any of the following categories:

j. Has intentionally attempted to practice any deception or fraud in his or her application, in his or her examination, or in securing his or her eligibility."

I hereby certify and understand that the information provided by me on this questionnaire is true and complete to the best of my knowledge and contains no willful misrepresentation or falsifications. I also understand that if it is discovered that I have made any false representations, I will be removed from the list resulting from this examination and may not be allowed to compete in future examinations for State employment. If already hired from the result of this examination, I may have adverse action taken against me, which could result in dismissal.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NAME (PRINTED):** \_\_\_\_\_ **SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**HOME PHONE NUMBER:** \_\_\_\_\_ **WORK PHONE NUMBER:** \_\_\_\_\_

Return your completed Qualifications Assessment **AND** your completed Standard State Application (Std. Form 678) to the address below. They may be mailed or filed in person to the following location:

California Department of Veterans Affairs  
1227 O Street, Room 404  
Sacramento, CA 95814  
**Attn: Certified Nursing Assistant**

### NOTE:

- Be sure your envelope has **adequate postage** if submitting via mail.
- Facsimiles (FAX) will **NOT** be accepted under any circumstances.
- Your completed Qualifications Assessment must include your original signature.
- Make and keep a photocopy of the completed Qualifications Assessment for your records.
- The STD. Form 678 may be downloaded from the California Department of Human Resources (CalHR) website at <http://jobs.ca.gov/Profile/StateApplication>.

## GENERAL INSTRUCTIONS

### Read and follow instructions carefully.

This process is the entire examination for the **CERTIFIED NURSING ASSISTANT** classification. Therefore, **please be sure to follow the instructions carefully as missing or incomplete information may result in disqualification or a lower score from this examination.**

1. Additional instructions are provided on the following pages.
2. If successful, your name will be placed on a separate eligible list for the classification listed above.
3. The examination is intended to provide candidates the opportunity to demonstrate their knowledge and experience in a variety of areas. It is not expected that you will have experience in all areas.

The following areas comprise the complete examination for **Certified Nursing Assistant**. You must ensure you have addressed each of the following areas:

- Affirmation Statement (page 1)
- General Instructions (page 2)
- Prior State Employment Information (page 3)
- Conditions of Employment (page 3)
- Minimum Qualifications (page 4)
- Job Requirements (page 4)
- Work Experience – Certified Nursing Assistant (pages 5-6)

### YOUR RESPONSES ARE SUBJECT TO VERIFICATION

Please keep in mind that all information provided on this Qualifications Assessment will be subject to verification at any time during the examination process, hiring process, and even after gaining employment. Anyone who misrepresents his/her experience will be subject to adverse consequences, which could include the following action(s):

- Removal from the examination process
- Removal from the certification list
- Loss of State employment
- Loss of rights to compete in any future State examinations

**PRIOR STATE EMPLOYMENT INFORMATION**

Complete this next section **ONLY** if you have been previously **dismissed** from California State Civil Service employment by punitive action or as a result of disciplinary proceedings. IF THIS DOES NOT APPLY TO YOU, please skip this question.

Rule 211 provides that a dismissed State employee may only participate in State Civil Service examinations if he/she has obtained prior consent from the State Personnel Board.

Do you have written permission from the State Personnel Board Executive Officer to take this examination?

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO

**PLEASE MARK THE APPROPRIATE BOX(ES) OF YOUR CHOICE - YOU WILL NOT BE OFFERED A JOB IN LOCATIONS NOT MARKED.**

If you are successful in this examination, your name will be placed on an active employment list and referred to fill vacancies according to the conditions you specify on this form.

**LOCATION(S) YOU ARE WILLING TO WORK**

Please choose the location(s) you are willing to work. You may choose more than one location; however, if you are not planning to relocate or are not willing to travel to a distant job location, please do not select locations that are far from your residence.

☐ (3601) Barstow

☐ (4504) Redding

☐ (3702) Chula Vista

☐ (5609) Ventura

☐ (1005) Fresno

☐ (1975) West Los Angeles

☐ (1938) Lancaster

☐ (2804) Yountville

**TYPE(S) OF APPOINTMENT YOU ARE WILLING TO ACCEPT**

Please choose the type(s) of appointment you are willing to accept. You may check one or more items.

Check "(A) Any" if you are willing to accept any type of employment.

☐ (D) Permanent Full-Time

☐ (K) Limited-Term Full-Time

☐ (A) Any

☐ (V) Permanent Part-Time

☐ (W) Limited-Term Part-Time

☐ (T) Permanent Intermittent

☐ (X) Limited-Term Intermittent

If all are marked and you receive an appointment other than permanent full-time, your name will continue to be considered for permanent full-time positions.

### MINIMUM QUALIFICATIONS

*All candidates must meet the minimum qualifications before they will be admitted into this examination. Please ensure that your State Application (STD. Form 678) clearly indicates your education, experience, and licensure information needed to meet the minimum qualifications for this examination.*

**Minimum Qualifications:** Possession of a current Nursing Assistant Certificate issued by the Department of Health Services. And

Six months of patient care experience as (1) a medical corpsman in a branch of the armed forces; (2) a practical vocational nurse under the direction of a doctor; or (3) an attendant caring for the physical ill, handicapped or disabled patients in a public or private institution.

Please indicate if you have the following:

Do you possess a valid, current certificate from the State of California Department of health Services to practice as a Certified Nursing Assistant?

☐ Yes ☐ No Certificate #: \_\_\_\_\_

### JOB REQUIREMENTS

**The following are job requirements. Please respond to each question by marking the appropriate box. If you are unwilling or unable to comply with any of the following job requirements, it will be grounds for elimination from the examination process.**

1. Are you willing to abide by and adhere to the policies and procedures at the Veterans Home of California and the California Department of Veterans Affairs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you willing to report to work on time and follow procedures for reporting absences?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you willing to maintain cooperative, professional, and effective interactions with employees, individuals served, and the public?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you willing to undergo an annual health review?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you willing to keep current with the completion of all required training?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION I**  
**WORK EXPERIENCE – CERTIFIED NURSING ASSISTANT**

**INSTRUCTIONS:** To respond appropriately to items “1 through 17”, check the corresponding box in each column that accurately reflects your work experience. (**NOTE:** You must check only one box for each item under “Level of Experience” **AND** one box for each item under “Frequency”).

	LEVEL OF EXPERIENCE				FREQUENCY			
	I have performed less than 6 months Experience performing this task.	I have 6 months to 1 year experience performing this task.	I have 1 year to 3 years' experience performing this task.	I have more than 3 years' experience performing this task.	Performed DAILY	Performed WEEKLY	Performed MONTHLY	Not Performed
<b>LEVEL OF EXPERIENCE:</b> Mark the appropriate box that best describes your level of experience for each item. <b><u>There should be 1 check mark for each item.</u></b>								
<b>FREQUENCY:</b> Check the appropriate box that best describes how often you performed each item. <b><u>There should be 1 check mark for each item.</u></b>								
<b>NOTE:</b> There should be a total of <b>TWO</b> check marks for each item. <b>ONE</b> check mark for “Level of Experience” and <b>ONE</b> check mark for “Frequency.”								
<b>ITEMS:</b>								
1. Perform routine hospital techniques for bathing, feeding, making beds and caring for patient's clothing and other property.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Perform nursing assistant duties such as positioning, ambulating, transferring, and turning bed-ridden patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Obtain and record vital signs (e.g., blood pressure, pulse, temperature, respiration).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Measure and record patient's height, weight, intake and output of fluids.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Collect and label urine and stool specimens for laboratory examination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Observe, chart, and report patient's clinical symptoms, behavior, and treatment administered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Prepare patients for examination by physician.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Escort patients by wheelchair or walker to intramural or extramural medical, health, or other community services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Perform immediate and temporary interventions to patients in emergency situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Encourage patients to develop and maintain muscle tone and range of motion to increase ability to perform daily living activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	LEVEL OF EXPERIENCE				FREQUENCY				
	I have performed less than 6 months Experience performing this task.	I have 6 months to 1 year experience performing this task.	I have 1 year to 3 years' experience performing this task.	I have more than 3 years' experience performing this task.		Performed DAILY	Performed WEEKLY	Performed MONTHLY	Not Performed
<p><b>LEVEL OF EXPERIENCE:</b> Mark the appropriate box that best describes your level of experience for each item. <b><u>There should be 1 check mark for each item.</u></b></p> <p><b>FREQUENCY:</b> Check the appropriate box that best describes how often you performed each item. <b><u>There should be 1 check mark for each item.</u></b></p> <p><b>NOTE:</b> There should be a total of <b><u>TWO</u></b> check marks for each item. <b><u>ONE</u></b> check mark for "Level of Experience" and <b><u>ONE</u></b> check mark for "Frequency."</p> <p><b>ITEMS:</b></p>									
11. Motivate and assist patients to develop self-reliance in activities of daily living.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Provide assistance to staff/personnel with admission, transfer, or discharge of patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Maintain infection control by using standard and transmission based precautions, hand hygiene, and personal protective equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Assist with placing, removing and cleaning patient's prosthetic devices and hearing aids.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Provide care of patients with tubing (catheters and O2).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Encourage patients in accepting and using special devices and equipment (e.g., cane, walker).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Encourage patient participation in activities to improve their mental outlook.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**THIS CONCLUDES THE QUALIFICATIONS ASSESSMENT FOR  
CERTIFIED NURSING ASSISTANT.**

Please refer to page one for mailing instructions